	DEPARTMENT O						PART	I (6			Expires July 31, 2			
	ERAL EMERGENC		MENT A	AGENCY		PART I (OF 2) OF FLOOD INSURANCE APPLICATION CURRENT POLICY NUMBER								
ti	onal Flood Insurance Pro	ogram					□ NEW							
PC	PRTANT— PLEASE PRINT	ORTYPE						REN	IEWAL FL.					
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NFORMATION	AGENCY NO:	AGENCY NO: AGENTS TAX ID TOR SSN S PHONE NO: FAX NO:						NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED: NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED: NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED: NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED:						
.10100	IS INSURANCE REQUIRED FO	OR DISASTER ASSIS	STANCE ?	YES N NC) IF YES, CHECK TI		NMENT AG	ENC,	Y: SBA F					
MORI GAGE A	NAME AND ADDRESS OF FILL NO.:	rst mortgagee	:			IF SECON	NG MUST	BE C	, LOSS PAYEE OR OTH OMPLETED, INCLUDIN	ER IS TO BE BILLED	o,THE D ADDRESS ENCY			
LOCATION	IS INSURED PROPERTY LO Y YES N NO IF		OPERTY AD	DRESS. IF RURA	AL, DESCRIBE	OR OTHER LOAN	N NO.: NE NO.:			FAX NO.:				
	NAME OF COUNTY/PARISI COMMUNITY NO./PAI IS BUILDING IN SPECI	NEL NO.AND SI	UFFIX FOR	LOCATION OF	PROPERTY INSUR	ED		. — _		COMMUNITY I	PROGRAM TYPE IS:			
	BUILDING OCCUPANCY RESIDE SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL	BUILDING BASEMEN OR BUILD	G (INCLUDE IT/ENCLOSED DING TYPE I	AREA, IF ANY)	RESIDENTIAL CONDO BUILDING ASSOCIATI ONLY. TOTAL NUMBE(INCLUDE NOHIGH-RISE	ON POLICY ER OF UNITS DN-RES.)	S BUILDING \$ FOR MANUFACTUR HOMES, COMPLETE SECTION III.			MILY DWELLING. TURED (MOBILE)				
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U.S. DEPARTMENT OF HOMELAND SECURITY

	DEPARTMENT C							PART	1 (O.M.B. N OF 2) OF FLOO		Expires July 31, CE APPLICAT		
	DERAL EMERGENCY MANAGEMENT AGENCY								CURRENT POLICY NUMBER					
	onal Flood Insurance Pr ORTANT— PLEASE PRIN					□ NEW □ RENEWAL FL								
ir C	DIRECT BILL INSTRUCTIO		-						KEI					
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SSIST.	IS INSURANCE REQUIRED F							IMENT AG	ENC.					
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ט צ	□ NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BASEMENT OR ENCLOSED AREA □ 3 OR MORE □ SPLIT □ TOWNHOUSE/ROWH• (RCBAP LOWRISE ON				E/ROWHOUSE	ESTIMATED REPLACEM SINGLE FAMILY PRINC		<u></u>		G ELEVATED?	╡		N	
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Ö	IS PERSONAL PROPE							_					V	
4	ALL BUILDINGS: CHECK SUBSTANTIAL IMPRO					DING PERMIT DATE () \square M				NSTRUCTION	•	ŕ		
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TRU	IS BUILDING POST-FIRM OF POST-FIRM CONSTRUCTION					BUILDING DIAGRA -V30,VE, OR IF PRE-					DJACENT GRADE	` ,		
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AND	BUILDING CONTENTS					00			.00	.00		.00		
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뿐	THE ABOVE STATEMENTS FALSE STATEMENTS MAY I SEE REVERSE SIDE OF CO	BE PUNISH	HABLE BY							BTOTAL	ARGE			
SIGNATURE	SEE NEVERSE SIDE OF CO	u ∠, J, α						PROBATION SURCHARGE + FEDERAL POLICY FEE +						
ัง	SIGNATURE OF INSURANCE AGENT/BROKER DATE (MM/DD/YY)							(OVER)		TAL PREPAID AMO		\$		

THROUGHOUT THE BUILDING) IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? YES NO IF NO, PLEASE DESCRIBE: ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: BUILDING PERMIT DATE OR DATE OF CONSTRUCTION/ (MM/DD/YY) SUBSTANTIAL IMPROVEMENT DATE/ (MM/DD/YY) MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES/ (MM/DD/YY) MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT/ (MM/DD IS BUILDING POST-FIRM CONSTRUCTION? YES NO BUILDING DIAGRAM NUMBER LOWEST ADJACENT GRADE (LAG) IF POST-FIRM CONSTRUCTION IN ZONES A, AI-A30, AE, AO, AH, V, VI-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION. LOWEST FLOOR ELEVATION (-) BASE FLOOD ELEVATION (-) DIFFERENCE TO NEAREST FOOT (+ Or) IN ZONES V AND VI-V30 ON DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? YES NO IS BUILDING FLOOD-PROOFED? YES NO (SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.) BASIC LIMITS ADDITIONAL LIMITS OCCUPRAGE COVERAGE DEDUCTIBLE BASIC AND ADDITIONAL LIMITS DEDUCTIBLE BASIC AND ADDITIONAL TOTAL	RTANT— PLEASE PRIN	ogram				. CURRENT	I.B. No. 1660-0006 Expires July 31 LOOD INSURANCE APPLICAT RENT POLICY NUMBER		
DRECT BILL INSTRUCTIONS: BILL RISS FROM BILL FROM THORSONG BILL F							_		
BILL INDURED BILL INDURED BILL SCOND B	DIRECT BILL INSTRUCTIO	T OR TYPE					RENEWAL FL		
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NAME OF COUNTY/PARISH	PHONE NO.:	FAX NO.:			R T G				
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NAME OF COUNTY/PARISH COMMUNITY NO/PANEN NO AND SUFFIX FOR LOCATION OF PROPERTY INSURED SINULING IN SPECIAL FLOOD HAZARD AREA [] YES [] NO COMPUNITY NO/PANEN NO AND SUFFIX FOR LOCATION OF PROPERTY INSURED SINULING IN SPECIAL FLOOD HAZARD AREA [] YES [] NO COMPUNITY PROGRAM TY SINULING IN SPECIAL FLOOD HAZARD AREA [] YES [] NO COMPUNITY PROGRAM TY SINULING IN SPECIAL FLOOD HAZARD AREA [] YES [] NO COMPUNITY PROGRAM TY SINULING INSURED SINULING SPECIAL FLOOD HAZARD AREA [] YES [] NO COMPUNITY PROGRAM TY COMPUNITY NO/PANEN TO SECONDAL PROPERTY ON THE SECONDAL PROPERTY					O R				
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ONN-RESIDENTIAL		OR BUILDING TYPE	(, ii Aivi) Oi	(INCLUDE NO	NON-RES.)		CONTENTS \$	HOMES, COMPLI	
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U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

IMPORTANT— PLEASE PRINT OR TYPE

CONTENTS

CONSTRUCTION DATA

COVERAGE AND RATING

DEPARTMENT O					O.M.B. No. 1660-0006 Expires July 31, 200 PART I (OF 2) OF FLOOD INSURANCE APPLICATION							
nal Flood Insurance Pro	ogram				CURRENT POLICY NUMBER							
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false statements may be punishable by fine or imprisonment under applicable federal law. See reverse side of copies 2, 3, & 4 $$								dbation surch	ARGE +	
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A Form 81-16, JUL 03	<u> </u>	PLEASE ATTACH	TO NEIP COPY O	OF APPLICATION THE	CHECK OR M	ONEY ORDI	ER FO	R THE TOTAL PREPAID	<u>'</u>	F-050 (
IMPORTANT — C		P	REMIUM MADE PA	AYABLE TO THE NATION	ONAL FLOOD	INSURANC	CE PRO	OGRAM	O THE NFIP.— II	`

O.M.B. No. 1660-0006 Expires July 31, 2006 PART 2 (OF 2) OF FLOOD INSURANCE APPLICATION

ALL APPROPRIATE DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR THE FOLLOWING BUILDING TYPES:								
Post-FIRM construction located in Zones A, A1-A30, AE, AH, AO, V, V1-V30, a Pre-FIRM construction located in Zones A, A1-A30, AE, AH, AO, V, V1-V30, ar when using optional Post-FIRM rating.								
SECTION I—ALL	BUILDING TYPES							
1. Diagram number selected from Building Diagrams 1-8: 2. The lowest floor is (round to nearest foot): Light feet 1 above 2 below (check one) the lowest ground (grade) immediately next to the building. 3. The garage floor (if applicable) or elevated floor (if applicable) is (round to nearest foot): Light feet 1 above 2 below (check one) the lowest ground (grade) immediately next to the building. 4. Machinery or equipment located at a level lower than the lowest floor is (round to nearest foot): Light feet below the lowest floor. 5. Site location a) Approximate distance of site location to nearest shoreline: 1 Less than 200 feet 3 500 to 1000 feet 2 200 to 500 feet 4 More than 1000 feet b) Source of flooding: 1 Ocean 3 River/stream 2 Lake 4 Other: 6. Basement/Subgrade Crawl Space a) Is the basement/subgrade crawl space floor below grade on all sides? Y Yes N No b) Does the basement/subgrade crawl space contain machinery or equipment? Y Yes N No	If yes, check the appropriate items: Furnace							
SECTION II—ELEV (Including Manufactured [Mo								
, , , ,	<u> </u>							
8. Elevating foundation of the building: Piers, posts, or piles Reinforced masonry piers or concrete piers or columns Reinforced concrete shear walls Solid perimeter walls (Note: This is not an approved method for elevating in Zones VI-V30,VE, or V.) Does the area below the elevated floor contain machinery or equipment? Y Yes	c) Is the area below the elevated floor enclosed using materials other than insect screening or light wood lattice? Y Yes N No If yes, check one of the following: 1 Breakaway walls 2 Solid wood frame walls 3 Masonry walls 4 Other: d) Is the enclosed area/crawl space constructed with openings (excluding doors) to allow the passage of flood waters through the enclosed area? Y Yes N No If yes, number of permanent openings (flood vents) within I ft. above adjacent grade Total Area of all permanent openings (flood vents)							
II.Manufactured (Mobile) Home Data: I4.The manufactured (mobile) home's anchoring system utilizes:								
Make: Year of manufacture: Model number: Mod	I Over-the-top ties 2 Frame ties 3 Frame connectors 6 Other: I Manufactured (mobile) home was installed in accordance with: I Manufacturer's specifications 2 Local floodplain management standards 3 State and/or local building standards 16.Is the manufactured (mobile) home located in a manufactured (mobile) home park/subdivision? Y Yes N No							
BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.	DATE (MM/DD/YY)							

FEMA Form 81-16, JUL 03 F-050 (1/04)

FLOOD INSURANCE FLOOD INSURANCE APPLICATION FEMA FORM 81-16

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B) Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide for your precise identification.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.G. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 12 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**